This stage one referral form is used by SWH to gather initial information as part of our decision-making process. Please refer to the SWH referral criteria prior to completing this form. It is important that the form is completed in full by the referring agency, with the referred person in attendance and that the form is signed by both parties. The completed form must be submitted by email to the following address: [stillwatershouse@gmail.com](mailto:stillwatershouse@gmail.com) SWH will take into consideration all information submitted, where clarification or further information is required SWH will contact the referral agency directly. Submission of this form in no way acts as a guarantee of a place within the SWH project. Following due consideration of the submitted information SWH may invite the referred person to attend a second stage interview, a decision to house will only be made following completion of the second stage process.

**Section One – Personal Details**

Full name: DOB: / / Age: years

Current Address: Housing Situation:

*(eg: Hostel/Night Shelter/ Insecure)*

Nationality:

Ethnicity:

Phone #: Faith: *(optional)*

Email: NI Number:

Current Benefits: UC JSA ESA PIP None Other :

*Tick as appropriate. If none, then please explain situation. If other, then please specify.*

ID: Passport Birth Certificate Drivers Licence None Other :

*Tick as appropriate. If none, then please explain situation. If other, then please specify.*

**Section Two – Referring Agency Details**

Agency Name: Contact Name:

Contact Telephone: Contact Email:

Length of time referred person has engaged with agency:

Support activities and services the referred person has engaged with whilst with agency:

**Section Three – Physical and Mental Health and Wellbeing**

Existing Medical Conditions:

Allergies:

Substance Misuse (current):

Substance Misuse (historical):

Mental Wellbeing: Depression Anxiety Self Harm None Other :

*Please circle as appropriate. If none, then please explain situation. If other, then please specify.*

*Please circle as appropriate. If none, then please explain situation. If other, then please specify.*

*Tick as appropriate. If other, then please specify.*

**Section Four – Summary of Offending** (Brief outline offering nature of offense, timeline, sentence)

**Section Five – Basic Risk Matrix** (Please mark as appropriate the risk of harm to self or others. A fuller risk assessment will be produced as part of Stage Two)

Self: Low Medium High

Staff: Low Medium High

Other Adults: Low Medium High

Children: Low Medium High

Other risk (Please specify):

Does the referred person have any restrictions? (Please specify) *eg: Geographic/ Curfew/Association/IT etc*

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**Section Seven – Declaration**

Information provided in this form and any follow-up process will be treated as strictly confidential and only used internally (not a third party) for the purpose of assessing an application for accommodation at SWH. If your application is unsuccessful your details will be removed from our systems within 28 days of receipt. If your application is successful, then information will be retained in line with the SWH GDPR data retention policy.

By signing this form, you are agreeing to SWH undertaking a referral assessment based upon the details provided in this form plus any supplemental information provided in support of your application by the referring agency.

Signed (person referred): Print: Date

Signed (referral agency): Print: Date

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**Internal Use Only –**

Date received: / / Reviewed by: Outcome: Follow up / Stage Two / X